

GROUP THERAPY IN WORKING WITH ALCOHOLICS

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## I. INTRODUCTION

### A. The Problem.

Alcoholism is reaching epidemic proportions as a health problem in the United States.

1. It currently affects as many as nine million people.

2. Lost man hours, absenteeism, decreased productivity cost the nation about \$15 billion annually.

3. Alcoholics are seldom willing to admit that they have a problem. It has often been thought that there was no help for them until the bottom was reached. Now in industry and the military, supervisors are forcing the alcoholic into a crisis situation - stop drinking or lose their job.

4. No plan or program will make an alcoholic sober unless he chooses to work with that plan and use it.

### B. The Beginning of Therapy.

1. Successful therapy can best be derived by placing the patient in detoxification for a period of from one to four weeks.<sup>1</sup>

2. Group therapy should begin as soon as possible.  
Dr. Hoff describing a program in the Medical College in

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<sup>1</sup>In working with over forty NCOs during the past year and a half with serious drinking problems, only those who had undergone detoxification and were taking antabuse, responded to individual or group therapy.

Virginia, writes:

Group therapy included psychodrama and film programs, and the objectives of the group therapy program were; first, to give information, second, to stimulate motivation, and third, to encourage group interaction<sup>2</sup>

3. Antibus would be administered daily under the direction of a supervisor for a period of at least six months.

### C. The Continuation of Therapy.

Upon release from hospitalization, the patient will need continued support if he is to remain sober. Group methods have been found to be of great value in working with the alcoholic, not only because of the lack of therapists,

but also as it meets their need for resocialization, helps them to overcome their feelings of ostracism and isolation, and gives them an opportunity to identify and to find a feeling of belonging among a group of people with the same affliction, similar underlying problems, similar experiences, etc.<sup>3</sup>

The purpose of this paper is to discuss the assumptions and techniques that can be useful in conducting group therapy with alcoholics.

## II. THE COMPOSITION OF THE GROUP.

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<sup>2</sup>Ebbe Curtis Hoff, "The Use of Pharmacological Adjuncts in the Comprehensive Therapy of Alcoholics" In World Dialogue on Alcohol and Drug dependence, ed. Elizabeth D. Whitney. (Boston: Beacon Press, 1970) p. 242

<sup>3</sup>M. M. Glatt, "Alcoholism and Drug Dependence - Under One Umbrella?" In World Dialogue on Alcohol and Drug Dependence. p. 342

Several theories have been advanced concerning the composition of the group for alcoholics.

A. Steiner claims the group should be heterogeneous as to sex, age, predominant problems, etc., so that a group will ideally contain no more than fifty per cent alcoholics.<sup>4</sup>

B. Cadegan would bring the entire family into the therapy process, and have at least, the spouse, as part of the group.<sup>5</sup>

C. Armstrong and Gibbins believe the group should be homogeneous, in that they are only working with problems of alcohol.<sup>6</sup> Since most alcoholics present similar personality problems, this seems to be the simplest and the most effective means of composing a group, and would probably meet with the best results.

### III. THE ROLE AND DIRECTION OF THE THERAPIST

A. It is best if he is a non-directive participant

B. He is available to direct discussion when necessary.

C. Technical information should be presented by the leader during the summation period.

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<sup>4</sup>Claude Steiner, Games Alcoholics Play. New York; Grove Press, Inc., 1971, p. 103

<sup>5</sup>Donald A. Cadegan, "Marital Group Therapy in the Treatment of Alcoholism," Quarterly Journal of Studies on Alcohol. Vol. 34, No. 4, (December 1973) p. 1188

<sup>6</sup>John J. Armstrong, and Robert J. Gibbins, "A Psycho-Therapeutic Technique With Large Groups in the Treatment of Alcoholics," Quarterly Journal of Studies on Alcohol. Vol. 17 No. 3 (September 1956) p. 462

#### IV. GOALS FOR GROUP THERAPY

Besides alcoholism, it should be pointed out to the group that they have two things in common: 1. Each person, before he sought outside help, had his "do-it-yourself" program in an effort to change himself, and 2. Each person failed.

The basic assumption in group therapy is that a major reason for this failure is that in our most determined efforts, we are unable to change that which we cannot see, and that there is a great deal that we are not seeing clearly. Therefore the basic goals are:

A. To discover ourselves and others as feeling persons.

1. There have been feelings of ostracism and isolation.

2. There is opportunity to identify and to find a feeling of belonging among a group of people with the same affliction, similar underlying problems, similar experiences, etc.

B. To identify the defenses that prevent this discovery.

C. To maintain sobriety.

#### V. THERAPEUTIC FORCES WITHIN THE GROUP

A. Management of the Group.

The vast majority of alcoholics see themselves as inadequate, inferior and impotent men, unable to deal with the complexities of life. Relationships at work and in the home have been unsatisfactory because of the threatening

aspects of interaction with both men and women. They are likely to expose him as the fraud he believes himself to be. The need to cope with depression and feelings of lowered self-esteem is one of the more important reasons for continued drinking. Here a group can make special contributions. Some results that can be expected from the group are:

1. The group provides a controlled setting in which the alcoholic may provide superficial sociability without having it threatened.

2. The group allows the maximum participation of each member and produces for each member, maximum growth and productivity.

3. The group fosters mutual identification and support which is often difficult for these patients to achieve.

- a. It is an atmosphere where acceptance is supreme.

- b. The acceptance produces a secure climate which increases each persons desire to contribute.

- c. Acceptance and contribution should produce important attitude changes. In learning to contribute to the group,

each person can become more mature, responsible, and independent. Security needs can be satisfied through helping others rather than through manipulating others.<sup>7</sup>

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<sup>7</sup>John M. Price. "The Processes of Group Counseling," In An Introduction to Pastoral Counseling, pp. 282-94, ed. Wayne E. Oates. Nashville: Broadman Press, p. 287

Usually the alcoholic is:

so preoccupied with their own crises that they are insulated from many helpful influences. In a group they can be encouraged more readily or even pulled up by the bootstraps of a fellow alcoholic's success.<sup>8</sup>

B. Group Dynamics at Work.

The immediate purpose of the group is to discover and identify, in order for patients to see who they are and what needs to be changed.

Acceptance of what is precedes change. Seeing and accepting what is is very difficult, however, because we don't know. We are in many ways blind and self-deluded, but we insist that: "I know who I am and where I'm going," or "I know what's best for me." We are deluded and don't know it. This is what allows us to fall back into the same destructive behaviors again, not having learned anything from the last one.<sup>9</sup>

The process of recovery from alcoholism is to a great extent a process of reeducation of the alcoholic.

1. There needs to be an intellectual admittance of alcoholism. You cannot tell a person he is an alcoholic. It is something he must discover for himself. Three helpful methods of allowing the alcoholic to discover this is by:

a. Providing information on alcoholism in a

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<sup>8</sup>Lester H. Gliedman. "Group Therapy of Alcoholics With Concurrent Group Meetings of Their Wives." Quarterly Journal of Studies on Alcohol. Vol. 17, No 4, (December 1956) p. 663

<sup>9</sup>Vernon E. Johnson. I'll Quit Tomorrow. New York: Harper & Row, 1973, p. 119



general way. It must not be a moralistic approach. The therapist must have a thorough knowledge about alcohol, its effects, and alcoholism in general. If his information is incomplete or wrong, he will be the laughing stock of the group.

b. Use of a questionnaire. (See Appendix A)

c. Dr. E. M. Jellinek's "General Pattern of Alcoholism" (Appendix B).

2. After intellectual acceptance of alcoholism, the next step is to gain emotional acceptance. This can be done by working on the patients' attitudes towards themselves and society. They have to learn that their emotional life is much more important than the reasoning which gave them ready made solutions to all difficulties. In analyzing their emotional motives, they can come to grips with the powerful factors that rule their lives. It is a painful process, and resistance is high in this phase of treatment.<sup>10</sup>

3. Working with Resistance. Because the alcoholic has lost contact with reality, he will often tell stories that are far from the truth. He is not consciously lying, and he would be terribly hurt if he was confronted as being a liar.

a. He is threatened by the group.

b. He is fearful of facing reality, and there is

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<sup>10</sup>Thorbjorn Kjolstad. "Alcoholism in Scandinavia," In World Dialogue on Alcohol and Drug Dependence. p. 63

the tendency for many to keep silent. Alcoholics can wander off in fantasies of their own, and can sit for an hour or more without feeling pressure or anxiety. Only the leader may become panicky. A helpful tool to encourage communication, is to provide a quiz on general alcohol knowledge (See Appendix C). Asking members of the group to answer particular questions, with discussion by all, enables members of the group to know and trust one another.

4. Dealing with Transference. Many alcoholics present personality problems which involve difficulty in dealing with authority. Individual interviews with a male therapist may produce tension. It is reduced in a group situation as:

a. It lessens the patient's need to reject authority as symbolized by the therapist.

b. It reduces anxiety engendered by the transference situation.<sup>11</sup>

#### VI. THE WORK OF ALCOHOLICS ANONYMUS AND ITS RELATION TO THE THERAPY GROUP

There has been a rivalry between Alcoholics Anonymous and the professional therapist. This arises from the A.A. concept that "only an alcoholic can help an alcoholic."

##### A. The Success of Alcoholics Anonymous.

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<sup>11</sup> John J. Armstrong and Robert J. Gibbins, "A Psychotherapeutic Technique With Large Groups in the Treatment of Alcoholics." Quarterly Journal of Studies on Alcohol. p. 474

1. The alcoholic is immediately brought into a group of friends and associates. "He becomes a member of an important subculture, and perhaps for the first time in his life, belongs to an in-group."<sup>12</sup>

2. There is a moralistic and religious approach which provides distinct advantages:

a. There has been difficulty in being able to distinguish between right and wrong.

b. Drinking is "sin".

c. There can be no delusion on the amount of drinking or the types of drinks concerned. It is all or nothing.

d. When he abstains, he wins the approval of the group.

3. When sobriety is obtained, there is the opportunity to proselytize. This allows "reaffirmation in the belief, by inducing that belief to others."<sup>13</sup>

4. Interaction among equals (i.e. without the presence of an "expert" therapist in a superior role) may be more effective.

5. Conventional group therapy usually involves only one session per week, while A.A. frequently involves a

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<sup>12</sup>Max Hayman. Alcoholism, Mechanism and Management. Springfield, Ill.: Charles C. Thomas Publisher, 1966, p. 177

<sup>13</sup>Ibid

patient, three or more evenings a week.

6. Alcoholics Anonymous will generally accept and reaccept the alcoholic regardless of the frequency of his slips, and the alcoholic can count on a similar approach time after time.

B. The Weaknesses of Alcoholics Anonymous.

1. Many cannot buy the moralistic/religious approach. There is always the strong righteous emphasis by the reformed alcoholic upon the virtues of sobriety.

2. It is rare to find A.A. members as outgoing as is advertised.

3. A strong feeling of dependency is generated by the group. The alcoholic will only stay improved as long as he stays in good terms with the sponsor, whereas in group therapy, "the compulsive drunk's hostile transference is better understood, past and present conflicts are analyzed, and limited insight is often achieved."<sup>14</sup>

VII. CONCLUSIONS

A. One of the most valuable contributions made by both Alcoholics Anonymous and group therapy, is the realization that the alcoholic is not alone with his problem.

B. A therapy group can give an alcoholic enormous insight into his problems and through mutual support can help to overcome them.

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<sup>14</sup>Hendrik Lindt. "The 'Rescue Fantasy' in Group Treatment of Alcoholics." The International Journal of Group Psychotherapy. Vol. IX, Nos. 1-4, 1959, p. 50

APPENDIX A. SIGNS OF ALCOHOLISM

- | Answer as honestly as you can  | Yes | No |
|--|-----|----|
| 1. Do you need a drink at a definite time every day?   |     |    |
| 2. Do you prefer drinking alone?   |     |    |
| 3. Do you find yourself getting drunk every time you drink?                                      |     |    |
| 4. When you drink do you have loss of memory or blackouts?                                       |     |    |
| 5. Do you have the shakes after drinking?  |     |    |
| 6. Do you get the inner shakes unless you continue drinking?                                     |     |    |
| 7. Do you sneak your drinks?   |     |    |
| 8. Do you have week-end drunks?  |     |    |
| 9. Do you have mid-week drunks?  |     |    |
| 10. Do you crave a drink in the morning?   |     |    |
| 11. Do you hide your drink to protect the supply?  |     |    |
| 12. Do you desire food while drinking?   |     |    |
| 13. Do you lose time from work while drinking?   |     |    |
| 14. Has your initiative, ambition, or perseverance decreased?                                    |     |    |
| 15. Has drinking made you careless of your family's welfare?                                     |     |    |
| 16. Do you turn to an inferior environment while drinking?                                       |     |    |
| 17. Do you show marked moodiness as a result of drinking?  |     |    |
| 18. Is it jeopardizing your job or career?   |     |    |
| 19. Has it made you irritable or belligerent?  |     |    |
| 20. Have you ever admitted to yourself or another that you were unable to control your drinking? |     |    |
| 21. Has your drinking made you sensitive?  |     |    |
| 22. Do you become argumentative while drinking?  |     |    |
| 23. Is it endangering your health?   |     |    |
| 24. Is it making your home life unhappy?   |     |    |
| 25. When drinking do you wake up early in the morning?   |     |    |
| 26. While drinking are you restless in your sleep?   |     |    |

Note: Any six "YES" answer DEFINITELY INDICATES ALCOHOLISM

From: A.A. Literature

APPENDIX B DR. E. M. JELLINEK'S "GENERAL PATTERN OF  
ALCOHOLISM"

Early Symptoms (Incipient alcoholism averages 10 years  
in duration):  
Breaking promes  
Lying about drinking  
Gulping drinks  
Drinking before a party  
Drinking at regular times  
Rationalization  
Irregular eating  
Blackouts

Middle Symptoms (Mostly a continuation of early symptoms  
lasting from 2 to 5 years)  
Minimizing drinking  
Carrying a secret supply  
Extravagant behavior  
Irregular eating  
Week-end bouts  
Frequent intoxication  
Nervousness  
Missing work

Late Symptoms (Advanced stages of alcoholism, lasts until  
death, psychosis, or recovery):  
Morning drinking  
Solitary drinking  
Benders  
Irritability  
Substitution of Alcohol for food  
Loss of jobs  
Broken homes  
D.T.'s  
Deficiency diseases

Quoted by Thomas J. Shipp. Helping the Alcoholic and His  
Family. pp.60-1

# APPENDIX C

1. Alcohol is a stimulent.	T	F
2. A drink can "warm you up" in cold weather.	T	F
3. Alcohol improves virility.	T	F
4. If you give up drinking you lose your friends.	T	F
5. You can't teach an old dog new tricks. Therefore, once a drinker, always a drinker.	T	F
6. Of the nation's estimated $6\frac{1}{2}$ to 9 million alcoholics, 75 per cent are the skid-row kind.	T	F
7. A real, two-fisted heavy drinker can be found in any bar.	T	F
8. The family that "drinks together, stays together".	T	F
9. A "happy hour" increases the ability to sleep.	T	F
10. Efficiency, creativity can be increased by drinking.	T	F
11. Driving while under the influence makes one more cautious, more perceptive.	T	F
12. Throw the drunk in jail--sober him up--that'll scare him into becoming a manageable human being.	T	F
13. Forget it! Forget the person. He's a poor risk he's spiritually deprived, he's a miserable mate, a lousy parent, a quarrelsome neighbor, male or female, an animal that ought to be locked up.	T	F

From: HABIT, Drug Abuse Digest. October 1971

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